

House File 274 - Introduced

HOUSE FILE 274

BY R. TAYLOR

A BILL FOR

1 An Act relating to continuous quality improvement for the care
2 of individuals with stroke.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 135.191 Stroke care — continuous
2 quality improvement.

3 1. The department shall develop and implement a plan for
4 achieving continuous quality improvement in the care provided
5 under a comprehensive statewide system for stroke response and
6 treatment.

7 2. In implementing the plan, the department shall do all of
8 the following:

9 a. Maintain a statewide stroke database that compiles
10 information and statistics on stroke care which align with
11 nationally recognized stroke consensus metrics.

12 b. Utilize a nationally recognized data set platform with
13 confidentiality standards consistent with federal and state law
14 and other health information and data collection, storage, and
15 sharing requirements of the department.

16 c. Coordinate with national voluntary health organizations
17 involved in stroke care quality improvement to avoid
18 duplication and redundancy.

19 *d.* Require nationally certified comprehensive stroke
20 centers and nationally certified primary stroke centers, and
21 encourage nationally certified acute stroke-ready hospitals and
22 emergency medical services agencies, to report data consistent
23 with nationally recognized guidelines on the treatment of
24 individuals with confirmed cases of stroke within the state.

EXPLANATION

26 The inclusion of this explanation does not constitute agreement with
27 the explanation's substance by the members of the general assembly.

28 This bill requires the department of public health (DPH)
29 to develop and implement a plan for achieving continuous
30 quality improvement in the care provided under a comprehensive
31 statewide system for stroke response and treatment. In
32 implementing the plan, DPH shall maintain a statewide stroke
33 database that compiles information and statistics on stroke
34 care which align with nationally recognized stroke consensus
35 metrics; utilize a nationally recognized data set platform with

1 confidentiality standards consistent with federal and state
2 law and other health information and data collection, storage,
3 and sharing requirements of the department; coordinate with
4 national voluntary health organizations involved in stroke
5 care quality improvement to avoid duplication and redundancy;
6 and require nationally certified comprehensive stroke
7 centers and nationally certified primary stroke centers, and
8 encourage nationally certified acute stroke-ready hospitals and
9 emergency medical services agencies, to report data consistent
10 with nationally recognized guidelines on the treatment of
11 individuals with confirmed cases of stroke within the state.